

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40423

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5478

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City				c. CITY OR TOWN Kansas City			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3404 E. 9th. st.				d. STREET ADDRESS 3404 E. 9th. st.			
3. NAME OF DECEASED (Type or print) First Miriam Middle H. Last Kelley				4. DATE OF DEATH Month Nov. Day 20 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 26, 1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mansfield Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Horn				13b. MOTHER'S MAIDEN NAME Ada Baird		14. NAME OF HUSBAND OR WIFE Arthur B. Kelley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown <input type="checkbox"/> If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Anita Baird 5840 McGee, K. C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma left breast DUE TO (c) 1908						INTERVAL BETWEEN ONSET AND DEATH 1 year 6 yrs 1708	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at June 1953 to Nov. 20-57 and last saw her alive on Nov. 19-57 on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. L. Spafford M.D. (Degree or title) 0				22b. ADDRESS 1414 Prof. Bldg. Kansas City, Mo.		22c. DATE SIGNED 11/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-22-57		23c. NAME OF CEMETERY OR CREMATORY Mt Washington		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure K. C. Mo.				25. DATE RECD. BY LOCAL REG. 11-20-57		26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A. L. Spafford

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



0/1.2-4425-
in office till 4.00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

William M. Turner

Licensed Embalmer No. *4648*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.